

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
WASHINGTON 25, D. C.

CHILDREN'S BUREAU

12:HS
March 30, 1959

Hon. John E. Fogarty
House of Representatives
Washington 25, D. C.

Dear Mr. Fogarty:

I have reviewed the correspondence you forwarded to me March 20 from the Parents Council for Retarded Children and have discussed the status of the program with Dr. Corrigan and several members of the Children's Bureau staff. Dr. Ruth Beecroft of our New York office has also received a letter from Mr. Michaelis dated March 16 in which he asks several questions about our regulations or laws regarding age limits, and current practice among other mental retardation clinics. Mr. Michaelis is asking for clarification about these policies since his report of his interview with Dr. Taft shows that he was left somewhat confused about such matters as available funds and age limits for admission to the clinic.

All of the clinics which were established with the funds provided under the maternal and child health appropriation are giving particular attention to the young more severely retarded child. As you know this group has had the least attention until now and yet it is essential that parents be helped early to meet the many problems they face. However all of the clinics are seeing older children also,--it is a matter of where you put the emphasis. Since the mental retardation program is part of the maternal and child health program, the same rules apply so far as age is concerned, that is, children are eligible until they are 21 years old. And it is up to the State to decide which children to accept.

The clinics are just getting started. They have few experiences to draw upon so that there is much to be learned about the best way to develop such programs. This is why they are pilot or demonstration projects. As you know the appropriation equalled the amount authorized by the Congress until the authorization was raised last August after the Appropriations Bill was passed. All the available funds were taken up by the States. This means that funds have been limited and, therefore, the Rhode Island program, like others, has had to make some decisions on what it could do with the available funds. Under these circumstances it is simply not possible to meet all requests for help.

Should the appropriation be increased for next year, Rhode Island, like all other States, would have an opportunity to increase the budget for the mental retardation program. I judge, however, that this is not

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entirely the answer to the problems of this clinic. There is difficulty in filling positions and in retaining personnel because the salary scale under the State merit system makes it difficult to compete with other States and even with cities and counties in Rhode Island. This may be a reason why several positions in the clinic are filled by individuals who have not completed their graduate professional training. Recognizing the difficult problems which are characteristic of patients in mental retardation clinics, the psychologist and social worker are going away for additional training next year. This will leave the clinic in a difficult position next year, at least until replacements are found.

While the decision regarding the numbers of children to be admitted to the clinic has to be made by the program director, the Children's Bureau staff members have recommended that it is preferable to do the careful job in working up patients that is needed, even if this means taking fewer patients. I doubt if anybody would disagree with this--it is a principle that has general application in medical practice and public health administration. It is unquestionably true that the diagnosis and evaluation of mentally retarded children is a specialized multiprofessional and time-consuming task. And as pioneer demonstration programs, these clinics have to do a careful professional job if they are to gain and hold the respect of parents and physicians. So I certainly urge that quality not be sacrificed for quantity.

During the calendar year 1958 reports thus far received from 25 States with special projects show that each clinic had under care an average of 210 patients during the year. Rhode Island's figure was virtually identical, namely 207 cases. Of 121 new cases admitted to the Rhode Island clinic, 30 were over the age of 9 years. Of this number 20 were between 10 and 14 years, 9 were 15-17 years and one was between 18 and 20 years.

From information such as this, it seems to me that the Rhode Island program is consistent with the general pattern of development throughout the country. It is understandable that the parents group feels that more needs to be done--we would all agree with that since we have only just made a beginning. You may remember several years ago when the health department was considering starting the clinic, there was considerable fuss in Providence because there already was a clinic. It is obvious now that more than two clinics are needed for a State with the population of Rhode Island, since the existing clinics cannot take care of all the requests for services.

Now that a start has been made and the need for the program demonstrated, what should the next steps in program development be? Are there additional aspects of the program which need attention? Is there a need for better understanding of the relationships with education and vocational rehabilitation? If these are valid questions for consideration in Rhode Island, perhaps several of the groups in the State need to get together to consider next steps. This might also help to promote a better understanding of what can realistically be achieved.

I have tried to respond to the points which seemed to be at issue in the correspondence you sent me. Because of a crowded schedule just now, I have not gone up to Providence to discuss this. I would, of course, be glad to come to Providence later in April or May and meet with Dr. Corrigan and others if this is felt to be desirable.

Sincerely yours,

Arthur Lesser

Arthur J. Lesser, M.D.

Director

Division of Health Services

Enclosures